U.S. Department of Labor Office of Labor-Management Standards

Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT



Forr Office o an No. Expire

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 4

For Official Use Only Rec's Rec's READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E NOTHER	DRD
1. File Number U - 6088	2. Fiscal Year Covered From:
	01/01/04 Through: 12/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name JAMES J. KEARNEY	Name IRON WNKUS LOCAL No. 45
	Labor Organization File Number 010 = 139
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 261 CENTRAL AVENUE	Street 558 NEWARL AUTOUE
City Jupesey City	City JERSEY CITY
State ZIP Code + 4 D43.04	State ZIP Code + 4 6 1 3 C
5. Position in labor organization. Business MANAGER	
Enter appropriate data below if, during the past fiscal year, you or your	spouse or minor child directly or indirectly had any of the following
(except as specified in the exclu	isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization rep	
3. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	·
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalt information submitted in this report (including the information containe and is, to the best of the undersigned's knowledge and belief, true, contained.	d in any accompanying documents), has been examined by the sic
Signed James J. Searney	On <u>8/1/05</u> <u>201-653-3365</u> Date Telephone Number
on frank	roophole Number

Name of Person Filing JAMES J KEPRNE	у	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name ARK ASSET MGMT. G., INC.	9. Business deals with:		
Trade Name, if any:	a. Labor Organizat	ion	
P.O. Box, Bidg., Room No., if any	b. Trust . c. Employer		
City NEW YORK			
State ZIP Code + 4 / 000 \(\frac{4}{2} \)			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealin		
Trade Name, if any:		Smith & Wollenskys	
P.O. Box, Bldg., Room No., if any	Hot.	cywood FL	
	11.b. Approximate dollar v	ralue of such dealing. DUGL 25	
City	12.a. Nature of interest he	eld or income received.	
3			
	12.b. Amount	. 40	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	rts A and B above) ey or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			

Name of Person Filing JAMES J KEARN	<u>ey</u>	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the bus ctively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Buciereas Geral Mgmt., LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street St., N.E. City ATLANTA State GA ZIP Code + 4 30309	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion (SDO) Recording M611 MB DROP
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	
Name	LUNCH	09/20/04
Trade Name, if any:	LUNCH	10/21/04
P.O. Box, Bldg., Room No., if any	AT E	CCO NYC
Street		
City	11.b. Approximate dollar	value of such dealing. <u>OUFR</u> 2 \$
State ZIP Code + 4	12.a. Nature of interest h	eld or income received.
3 A		
	12.b. Amount	* **
C. Received from any employer (other than an employer covered under part or from any labor relations consultant to an employer any payment of money		w
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		

Name of Person Filing	JAMES	J.	KEARN	ey	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Name Cich A Trade Name, if any: P.O. Box, Bldg., Room N Street 4-99 City JERS 5 State 1	lo., if any	TH CA	.vD	9. Business deals with: a. Labor Organizati b. Trust c. Employer	ion VS DO Reco
10. If 9.b. or 9.c. is ched				11.a. Nature of such dealir	ng.
Name				03/28/04	A
Trade Name, if any:					AT CAPITAL GALL
P.O. Box, Bldg., Room N	•			WAS	u mgtm, DC
Street	<i>f</i>			11.b. Approximate dollar v	value of such dealing.
City				12.a. Nature of interest he	
State	ZIP Code	+4		12.a. Nature of interest fie	and of modifie received.
			· · · · · · · · · · · · · · · · · · ·		
				12.b. Amount	ATA-14-14-14-14-14-14-14-14-14-14-14-14-14-
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address (including trade na	s of Employer or Labor F	·		14.a. Nature of payment.	
Name	ine, ii any).				
Trade Name, if any:					
P.O. Box, Bldg., Room	No., if any		**************************************		
Street					
City					
State	ZIP Co	ode + 4			

Name of Person Filing JAMES T KEAR	in Ey	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Fox Asset Management	9. Business deals with:		
P.O. Box, Bldg., Room No., if any	a. Labor Organizat	ion (Sport Records) (Al61 1 2015)	
Street 44 Sycamore Avenue City Little SILVER	c. Employer	THIS DAD!	
State NT ZIP Code + 4 07739	-		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealin	•	
Trade Name, if any:	Lunch	AT Bouleys	
P.O. Box, Bldg., Room No., if any	- / 8	n NYC	
Street	11.b. Approximate dollar v	alue of such dealing. DV 62 25	
City	12.a. Nature of interest he	eld or income received.	
	8 3		
	12.b. Amount	- **	
C. Received from any employer (other than an employer covered under particular or from any labor relations consultant to an employer any payment of mor	arts A and B above) ney or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name	-		
Trade Name, if any:	_		
P.O. Box, Bldg., Room No., if any	_		
Street	_		
City	-		
State ZIP Code + 4	-		

Name of Person Filing JAMES T KEARNEY		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the busi ctively seeking to represent, o or indirectly to, or otherwise	ness
8. Name and address of Business (including trade name, if any). Name Innincua Dist. of Northan N.J. W Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12 EDISM PACE	9. Business deals with:	on
State ZIP Code + 4 D4061-1310 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	ıq.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		SEE ATTACHES
Street	11.b. Approximate dollar vi	alue of such dealingld or income received.
3	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above)	
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any Street		
City		
State ZIP Code + 4		

COFFEE - DANISH
AT DISTHUT CHICL

02/19/04 /0%,00

Lunch at CASA DAME
JERSEY Gty

TO+AL: \$ 205,00

Name of Person Filing TAMES J KEARNE	Y	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name MBIA SECURITIES GRA			
Trade Name, if any:	a. Labor Organizat	N VIEC.Q SA	
P.O. Box, Bldg., Room No., if any	b. Trust	AUG 1 1 2005	
Street 113 King STREET	c. Employer	0 50.	
city ARMONK			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir		
Name	04/15/0	+	
Trade Name, if any:	Lunch	M BELLINI	
P.O. Box, Bldg., Room No., if any		NYC	
Street	-		
City	11.b. Approximate dollar v	alue of such dealing. 016225	
State ZIP Code + 4	12.a. Nature of interest he	eld or income received.	
3			
	12.b. Amount		
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	rts A and B above) ey or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
	1		

Name of Person Filing JAMES J KEARNEY	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name	9. Business deals with:		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any PO Box 354	b. Trust		
Street BEDMINSTER	c. Employer		
City			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	11/04/04		
Trade Name, if any:	Lunch AT Peter Luger's		
P.O. Box, Bldg., Room No., if any	LUNCH AT PETER Luger's BROOKLYN, NY		
Street	11.b. Approximate dollar value of such dealing. DVGQ 25		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Table of interest field of modific received.		
@ *			
	12.b. Amount		
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			

Name of Person Filing JAMES J KEARNE	Y	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name THE SEGAL COMPANY	9. Business deals with:		
Name HE SEGAL COMPANY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE REAL AVENUE	a. Labor Organizat b. Trust c. Employer	AUG 1 1 2005 Ques DEPORT	
City New York State ZiP Code + 4 100 16			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing 07 06 06 4		
Trade Name, if any:	LUNCA	At Wolfgang's	
P.O. Box, Bldg., Room No., if any	i	NYC	
Street	11.b. Approximate dollar v	/alue of such dealing. 32	
City	12.a. Nature of interest he		
State ZIP Code + 4			
3			
	12.b. Amount		
C. Received from any employer (other than an employer covered under particular or from any labor relations consultant to an employer any payment of money	rts A and B above) ey or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			